Fill in this information to identify your case:

Debtor 1   Alexus _____ Vasquez _____
             First Name   Middle Name   Last Name

Debtor 2   _____
(Spouse, if filing) First Name   Middle Name   Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number   24-12623-pmm _____
 (If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims   12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1:   List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**
    ☑ No. Go to Part 2.
    ☐ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

    (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount

2.1 _____   Last 4 digits of account number ___ ___ ___ ___ $_____ $_____ $_____
Priority Creditor's Name

_____   **When was the debt incurred?**   _____
Number   Street

_____   **As of the date you file, the claim is:** Check all that apply.
City   State   ZIP Code   ☐ Contingent
Who incurred the debt? Check one.   ☐ Unliquidated
☐ Debtor 1 only   ☐ Disputed
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only   **Type of PRIORITY unsecured claim:**
☐ At least one of the debtors and another   ☐ Domestic support obligations
☐ **Check if this claim is for a community debt**   ☐ Taxes and certain other debts you owe the government
Is the claim subject to offset?   ☐ Claims for death or personal injury while you were intoxicated
☐ No   ☐ Other. Specify _____
☐ Yes

2.2 _____   Last 4 digits of account number ___ ___ ___ ___ $_____ $_____ $_____
Priority Creditor's Name

_____   **When was the debt incurred?**   _____
Number   Street

_____   **As of the date you file, the claim is:** Check all that apply.
City   State   ZIP Code   ☐ Contingent
Who incurred the debt? Check one.   ☐ Unliquidated
☐ Debtor 1 only   ☐ Disputed
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only   **Type of PRIORITY unsecured claim:**
☐ At least one of the debtors and another   ☐ Domestic support obligations
☐ **Check if this claim is for a community debt**   ☐ Taxes and certain other debts you owe the government
Is the claim subject to offset?   ☐ Claims for death or personal injury while you were intoxicated
☐ No   ☐ Other. Specify _____
☐ Yes

Debtor 1   _____Alexus_____Vasquez_____   Case number *(if known)* __24-12623-pmm__
         First Name   Middle Name   Last Name

Part 1:	Your PRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount

☐

_____
Priority Creditor's Name

_____
Number   Street

_____

_____
City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred?   _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

$_____ $_____ $_____

☐

_____
Priority Creditor's Name

_____
Number   Street

_____

_____
City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred?   _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

$_____ $_____ $_____

☐

_____
Priority Creditor's Name

_____
Number   Street

_____

_____
City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☐ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred?   _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

$_____ $_____ $_____

Debtor 1   ___Alexus_____Vasquez_____   Case number *(if known)*___24-12623-pmm_____
      First Name   Middle Name   Last Name

Part 2:	List All of Your NONPRIORITY Unsecured Claims

3. **Do any creditors have nonpriority unsecured claims against you?**

  ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

  ☑ Yes

4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

                                                                              Total claim

4.1 Capital One

Nonpriority Creditor's Name

P.O. Box 31293

Number   Street

Salt Lake City   UT   84131

City   State   ZIP Code

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred?   _____

$_____173.00

Who incurred the debt? Check one.

☑ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No

☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☑ Other. Specify ___Credit Card___

4.2 First Premier Bank

Nonpriority Creditor's Name

3820 North Louise Avenue

Number   Street

Sioux Falls   SD   57107

City   State   ZIP Code

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred?   _____

$_____608.00

Who incurred the debt? Check one.

☑ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No

☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☑ Other. Specify ___Credit Card___

4.3 Citi Cards

Nonpriority Creditor's Name

P.O. Box 6217

Number   Street

Sioux Falls   SD   57117

City   State   ZIP Code

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred?   _____

$_____348.00

Who incurred the debt? Check one.

☑ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No

☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☑ Other. Specify ___Credit Card___

Debtor 1   Alexus   Vasquez   Case number *(if known)* 24-12623-pmm
         First Name   Middle Name   Last Name

Part 2:	Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Total claim

Self Financial, Inc.
Nonpriority Creditor's Name

901 East 6th Street Suite 400
Number   Street

Austin   TX   78702
City   State   ZIP Code

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $ 191.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Collection

Midland Credit Management
Nonpriority Creditor's Name

320 E. Big Beaver Road, Suite 300
Number   Street

Troy   MI   48083
City   State   ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☑ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $ 644.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Collection

Dept. of Education
Nonpriority Creditor's Name

1891 Metro Center Drive
Number   Street

Reston   VA   20190
City   State   ZIP Code

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

$ 290.00

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify_____

Official Form 106E/F   **Schedule E/F: Creditors Who Have Unsecured Claims**   page ___ of ___

Debtor 1 _____Alexus_____ _____ ____Vasquez_____   Case number *(if known)* __24-12623-pmm__
     First Name   Middle Name   Last Name

Part 3:	List Others to Be Notified About a Debt That You Already Listed

5. **Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.**

_____
Name

_____
Number   Street

_____
City   State   ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims

❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

_____
Name

_____
Number   Street

_____
City   State   ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims

❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

_____
Name

_____
Number   Street

_____
City   State   ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims

❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

_____
Name

_____
Number   Street

_____
City   State   ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims

❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

_____
Name

_____
Number   Street

_____
City   State   ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims

❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

_____
Name

_____
Number   Street

_____
City   State   ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims

❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

_____
Name

_____
Number   Street

_____
City   State   ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (*Check one*): ❑ Part 1: Creditors with Priority Unsecured Claims

❑ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ___ ___ ___ ___

Debtor 1   Alexus _____ Vasquez _____   Case number *(if known)* 24-12623-pmm
            First Name   Middle Name   Last Name

| Part 4: | Add the Amounts for Each Type of Unsecured Claim |

6. **Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.**
   Add the amounts for each type of unsecured claim.

		Total claim

Total claims from Part 1

6a. **Domestic support obligations**	6a.	$_____
6b. **Taxes and certain other debts you owe the government**	6b.	$_____
6c. **Claims for death or personal injury while you were intoxicated**	6c.	$_____
6d. **Other.** Add all other priority unsecured claims. Write that amount here.	6d.	**+** $_____
6e. **Total.** Add lines 6a through 6d.	6e.	$_____ 0.00

		Total claim

Total claims from Part 2

6f. **Student loans**	6f.	$_____
6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$_____
6h. **Debts to pension or profit-sharing plans, and other similar debts**	6h.	$_____
6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i.	**+** $_____ 2,254.00
6j. **Total.** Add lines 6f through 6i.	6j.	$_____ 2,254.00